MINUTES
SUBSTANCE ABUSE SERVICES COUNCIL
JULY 30, 2014
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Stephanie Arnold, *Department of Criminal Justice Services (DCJS)*
The Honorable George L. Barker, *Virginia State Senate*
Jo Ann Burkholder, *Department of Education (DOE)*
Brian Campbell, *Department of Medical Assistance Services (DMAS)*
Debra Ferguson, Ph.D., *Department of Behavioral Health and Developmental Services (DBHDS)*
Henry Harper, *Virginia Foundation for Healthy Youth (VFHY)*
The Honorable M. Keith Hodges, *Virginia State Senate*
Parham Jaberi, MD, MPH, *Virginia Department of Health (VDH)*
Art Mayer, *Department of Juvenile Justice (DJJ)*
Charlene Motley, *Commission on the Virginia Alcohol Safety Action Program (VASAP)*
Ron Pritchard, *Virginia Association of Addiction Professionals (VAAP)*
Mellie Randall, *Department of Behavioral Health and Developmental Services (DBHDS)*
Zandra Relaford, *Department of Social Services (DSS)*
Patricia Shaw, *Virginia Drug Court Association (VDCA)*
The Honorable Scott W. Taylor, *Virginia House of Delegates*
Nassima Ait-Daoud Tiouririne, MD, *Department of Psychiatry and Neurobehavioral Sciences, University of Virginia*
Jerry Parshall, Legislative Aide to the Honorable Jennifer T. Wexton, *Virginia State Senate*
William H. Williams, Jr., *Virginia Association of Community Services Boards/SA Council (VACSB-SA)*
Diane Williams Barbour, *Virginia Certification Board (VCB)*
The Honorable Joseph R. Yost, *Virginia House of Delegates*

GUESTS:

Maya L. Brewer, *Substance Abuse Free Environment (SAFE) of Chesterfield County*
Holly Coy, Policy Director, *Office of Lt. Governor Ralph Northam*
Glen Miller, *Substance Abuse Free Environment (SAFE) of Chesterfield County*
Lillian Peake, M.D., *Virginia Department of Health (VDH)*
DeJohn C. Taylor, *Substance Abuse Free Environment (SAFE) of Chesterfield County*
David H. Trump, M.D., *Virginia Department of Health (VDH)*
Marla Watson, *Substance Abuse Free Environment (SAFE) of Chesterfield County*
Katie Weaks, *Department of Alcoholic Beverage Control (ABC)*
Regina Whitsett, *Substance Abuse Free Environment (SAFE) of Chesterfield County*

STAFF:

Lynette Bowser, *Department of Behavioral Health and Developmental Services (DBHDS)*
Margaret Anne Lane, *Department of Behavioral Health and Developmental Services (DBHDS)*
Karen A. Taylor, *Office of Attorney General (OAG)*

I. WELCOME AND INTRODUCTIONS: The meeting was called to order by the Council Chair, William Williams. Mr. Williams welcomed the members and guests and asked all attendees to introduce themselves.

II. REVIEW & APPROVAL OF MINUTES OF MAY 28, 2014 MEETING: Jo Ann Burkholder requested the following amendments to the Minutes:

- Page 4, third sentence: Change the phrase "Public school districts" to "Public school divisions."
- Last paragraph: The *Virginia Youth Survey* was completed by high school students in the spring of 2011 and in the fall of 2013. The 2013 *Virginia Youth Survey* was completed by 6,935 students in 116 public high schools. The school-based survey is anonymous and voluntary. The survey contains 96 questions, and measures various behaviors including: (1) behaviors related to injuries and violence; (2) tobacco use; (3) alcohol and other drug use; (4) dietary behaviors; and (5) physical activity. The survey results are representative of the 379,699 students in grades 9-12 enrolled in public schools in the fall of 2013.

A motion was made by Charlene Motley and seconded by Ron Pritchard to approve the minutes as amended. There being no further discussion, the Minutes were approved.

III. OLD BUSINESS: There was no old business.

IV. NEW BUSINESS:

- **PRESENTATION: *"CONSIDERING MARIJUANA POLICY"***
  - Nassima Ait-Daoud Tiouririne, MD, Associate Professor, Psychiatry and Neurobehavioral Sciences, University of Virginia
  - Parham Jaberi, MD, MPH, Director, Chesterfield Health District
  - Mellie Randall, Director, Office of Substance Abuse Services
  - Regina Whitsett, Executive Director, Substance Abuse Free Environment (SAFE) of Chesterfield County

Ms. Randall introduced herself and the other members of the panel and stressed the importance and relevance of the topic to Council.

- ***"HEALTH EFFECTS OF MARIJUANA USE"***
  Nassima Ait-Daoud Tiouririne, MD
  Assistant Professor
  Department of Psychiatry
  University of Virginia School of Medicine

Dr. Ait-Daoud presented evidence-based information on the health effects of marijuana use.

- Terminology: "cannabis v. marijuana." The agreed international term is "cannabis."
- Marijuana, common street names, and how it is used.

- Cannabis Sativa (plant) has 480 natural components; 66 of them are classified as cannabinoids. The component *delta -9-tetrahydrocannabinol* (Δ9-THC) has the psychoactive effect that makes people "high." Also reviewed some of the other subclasses of the substance, some of which have no psychoactive effect.
- Cannabidiol (CBD) is the most abundant component of the plant and may block some of the THC effect; may lessen anxiety.
- Through the years, the concentration of THC in marijuana has varied and the potency has markedly increased (from 1% to 13%).
- Acute effects (present during intoxication) include impairment of short-term memory, attention, judgment, and other cognitive functions; impaired coordination and balance, increased heart rate, and triggering psychotic episodes in some people. Persistent effects (which may not be permanent) include impairment of memory and learning and sleep. Long-term effects of chronic abuse include potential addiction, risk of bronchitis, increased risk of schizophrenia in vulnerable individuals, increased risk of anxiety, depression and reduced motivation.
- Adolescents who use marijuana are at particular risk of dependence as their brains are still developing. They are also at high risk for cognitive impairment for the same reason. These impairments can be permanent and include poor decision-making, impaired attention, impaired memory, decreased inhibition, and loss of I.Q., leading to poor academic performance and increased risk of dropping out of school.
- Marijuana use may trigger psychosis among some individuals.
- Data indicate potential therapeutic value for cannabinoids to address pain, nausea and vomiting and to stimulate appetite. However, the effects on symptoms are generally modest, and, in most cases, there are more effective medications. The data on the adverse effects of marijuana are more extensive.
- Marijuana is known to cause respiratory disease; it has more ammonia than tobacco smoke, more hydrogen, cyanide, tar, benzene, etc. Data do not show a direct link between marijuana smoke and cancer, because the data are not yet available, but that is likely to change in the future.
- Several FDA approved medications are also derived from plant substances, yet no one is suggesting that the plant substance be used instead of the approved pharmaceutical.
- Marijuana has not been approved for medical use due to insufficient evidence to-date. Pure THC-based drugs, however, are already FDA approved and prescribed.

- ***"PUBLIC HEALTH IMPACT OF MEDICAL MARIJUANA AND LEGALIZATION"***
  Parham Jaberi, MD, MPH
  Chesterfield Health District Director
  Virginia Department of Health

  Dr. Jaberi presented evidence related to marijuana and its legalization.
  - Marijuana is the most common first illicit drug used, more than pain killers and other types of drugs and stimulants; hence the use of the term "gateway drug" is appropriate.

Marijuana is a drug, but is now being presented as a medicine, which confuses the discussion. Medicine is regulated by the FDA and dispensed by professional trained individuals in regulated settings.

- The language about changing marijuana policy needs to be precise:
    - Medical marijuana: In states that permit medical marijuana, the individual can defend himself against criminal charges of marijuana possession if he can prove a medical need for marijuana under state law.
    - Decriminalization of marijuana: repeals or amends statutes so that acts that were previously criminal are no longer subject to prosecution.
    - Legalizing marijuana: creates laws that make possession and use of marijuana legal under state law.

  The focus of the discussion is medical marijuana.
- Concerning public health, possibly a very small percentage of individuals can and actually do benefit from marijuana use when there are absolutely no other medications available; defining who those people are and what their conditions are is unclear.
- In the U.S., the Food and Drug Administration (FDA) has an established legal process on how to establish the legitimate use of a substance for the betterment of a medical condition.
    - No safe dose has been established and the risk-safety profiles for marijuana are unclear; it is not known how it may or may not interact with other medications, its impacts on other disease conditions, and its long-term side effects.
    - Lack of consistency in state medical marijuana laws concerning approved conditions for which marijuana could be used.
    - Lack of consistency in possession limits and strength in medical marijuana.
- Currently, professional medical and health organizations are opposed to medical marijuana, including the American Medical Association, the American Society for Addiction Medicine, the American Cancer Society, the American Glaucoma Society, the American Academy of Pediatrics, the National Multiple Sclerosis Society, and the Association for Addiction Professionals.
- If marijuana is to be used as a medicine, it should go through the same systematic standards for approval and use as all other medications used in the U.S., e.g., through the FDA. Currently the federal Drug Enforcement Administration (DEA) classifies marijuana as a Schedule I drug, which means it has no accepted medical use in the US, is not safe for use under medical supervision, and has a high potential for abuse.
- There are already three FDA medications that mimic the active component (Delta-9-THC):

  Cesamet (nabilone) is a Schedule II drug (high potential for abuse) prescribed for nausea and vomiting associated with cancer chemotherapy for patients who have not responded to conventional treatments.

Marinol (dronabinol) –Schedule III drug (may lead to moderate dependence or high psychological dependence) – for anorexia (lack of appetite) and weight loss associated with AIDS; also for nausea and vomiting associated with cancer chemotherapy for patients who have not responded to conventional treatments.

- As a result of opiate-based pain medications becoming more accessible, drug overdose deaths now lead all causes of mortality for 25-64-year-olds, and, in 2011, surpassing deaths due to motor vehicle crash deaths. Medicalization of marijuana would likely lead to the same type of trajectory for abuse.
- Smoking marijuana is harmful to the respiratory system: marijuana has 20 times the level of ammonia compared to tobacco and has 3-5 times the level of hydrogen cyanide, nitric oxide and certain aromatic animes so it is logical to conclude that marijuana can increase cancer risk.
- Increased access to marijuana would likely have a negative impact on other public health considerations, such as anti-tobacco smoking efforts and increased obesity. Other aspects of public policy concern, such as educational achievement, public safety and workforce safety could also be affected.
- The economic impact and tax revenues for medical marijuana are not fully known.
- Medical marijuana, decriminalization or legalization could affect number of users and those already addicted. A recently released United Nations report indicates that for every 10% decline in the price of a drug, there are 3% more users. Medicalizing would increase social acceptability and availability, and would decrease perceived risk. Currently reported increases in marijuana use by youth may be due to reported perception of harm being less than in the past. In the states that have legalized medical marijuana report increased use at high rates among 12-17-year-olds.
- A recent published article on the adverse health effects of marijuana indicates that as past year use of marijuana goes up, perceived risk goes down. Data also indicate that when parental opinion still has a strong impact on adolescent behavioral. For instance, among youth who believe that their parents strongly disapprove of smoking tobacco, the rate of youth who smoked was under 5%. Among those who believe that their parents were indifferent, the rate was 37%. This pattern will likely be repeated with marijuana. If there is legalization of medical marijuana, it will be important to increase education and prevention resources.
- Final thoughts:
    - The medical community encourages additional research on potential benefits derived from active components and/or the cannabis sativa plant.
    - There is potential for significant negative impact on educational achievement, public safety, and workforce readiness and productivity.
    - Public health lessons learned from the tobacco and alcohol industry, as well as strategies used to address the prescription drug epidemic, may be applicable.
    - An increase in the availability and acceptability of marijuana in the raw form will lead to increased rates of use, misuse, and addiction.

- Additional resources will be needed.

- ***"MEDICAL MARIJUANA: IMPACT ON PREVENTION AND TREATMENT SERVICES"***
  Mellie Randall
  Director, Office of Substance Abuse Services
  Virginia Department of Behavioral Health and Developmental Services

  Ms. Randall's presentation was developed to look at how medical marijuana might impact Virginia's publicly-funded treatment system. She reviewed Virginia-specific information, from the National Survey on Drug Use and Health (NSDUH), a survey conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The state level analysis is based on data that were collected in 2008 and 2009. The data are self-report and may be on the conservative side.

  - Looking at marijuana use in the year prior to the survey, the proportion of Virginians using marijuana lags a little behind the nation for most age groups except 12-17-year-olds, where the rate is a little higher. This is of great concern when looking at the impact of marijuana on adolescents.
  - Calculating the percentages using Virginia's population for 2013 for each age group: 12+ almost 760,000 Virginians; 12-17 age group is 84,000 youth; 18-25 age group is over 270,000 young adults, and 26+ is just over 400,000 people who used marijuana in the last year.
  - The rates of use of marijuana in the month prior to the survey are lower than the past year and lower than the rate for the nation.
  - Rates of use of marijuana in the month prior to the survey compared to use of other illicit drugs for U.S. and in Virginia indicate that marijuana is the most popularly used illicit drug in the nation and in Virginia. It is a fairly safe assumption that if a person is using any illicit drug, they are also using marijuana.
  - Among those needing but not receiving treatment for illicit drug use in the past year, the 18-25-year-olds have the biggest spike when compared to the nation.

  Ms. Randall provided an overview of how publicly-funded substance abuse services are provided in Virginia.

  - *Code of Virginia* mandates that each locality belong to a community services board (CSB) or a behavioral health authority (BHA); there are 40 of them around the state and every jurisdiction has access to some type of service. CSBs are not state agencies.
  - DBHDS allocates funding to the boards, licenses them, and provides policy guidance. About $42 million is allocated in federal funding from the Substance Abuse Prevention and Treatment (SAPT) Block Grant. By federal law 20% of the allocation must be used primary prevention services. About $34 million of the block grant is allocated for treatment, which largely goes to the community services boards. The General Assembly also appropriates about $48 million in state general funds to CSBs to provide substance abuse treatment services in the communities.

- In 2013, community services boards provided substance abuse services to 34,000 individuals.
- Over a period of five years, about half of the individuals who received substance abuse treatment services were treated for marijuana abuse or addiction, a proportion that is trending up.

Ms. Randall posited several hypotheses about the impact of medicalizing marijuana:

- Since increased exposure to a drug results in increased rates of addiction, increased exposure to marijuana will likely result in more people being addicted to marijuana.
- If marijuana becomes more available and more acceptable, individuals will also begin using other drugs and delay seeking treatment.
- Since there is a known relationship between the use of marijuana and psychosis in certain susceptible individuals, more individuals will develop co-occurring mental illness in addition to marijuana addiction.
- Early in recovery from addiction, individuals often have difficulty accepting that marijuana is a drug, because it is already so available and it is "natural, and this leads to relapse. If marijuana is even more available and accepted, relapse will occur more often.

In regard to marijuana being referred to as a "gateway drug," Delegate Taylor asked if there are there any studies that show a direct correlation between marijuana use and heroin use. Dr. Ait-Daoud stated that there is no direct link between marijuana use and heroin, but when teenagers use marijuana it changes the "wiring" (structure) of the brain which alters their ability to make sound decisions. She said that two factors have been identified that may lead to teenagers moving to other drugs: (1) brain changes altering decision making and (2) the environment. If an individual is using a drug and they believe that they are not harmed by it then they are likely to use other drugs. Data show that it is a gateway drug for teens and not adults because of these biological and environmental components that are unique to young adults. Dr. Jabari stated that when saying it is a "gateway" drug there are really multiple things, the biological, educational, and environmental and it's really hard to define what "gateway" means.

Ms. Randall suggested two action items to consider how this issue might be addressed:

- Increased public awareness campaigns
- Encouraging treatment programs to take marijuana use very seriously.

- ***"MARIJUANA'S IMPACT ON THE COMMUNITY"***
  Regina Whitsett
  Executive Director, Substance Abuse Free Environment, Inc. (SAFE)
  Chesterfield County, Virginia

  Ms. Whitsett stated that SAFE, the substance abuse prevention coalition located in Chesterfield County, is very involved with the Community Coalitions of Virginia (CCOVA), the state level coalition that sponsored a state-wide conference about marijuana policy last spring. SAFE's mission is to engage the community in working together to

prevent and reduce substance abuse. The goal of SAFE's presentation is to educate the Council and share information on marijuana. SAFE has several different taskforces: Central Virginia Marijuana Taskforce; PULP (Proper Use of Legal Products) Taskforce; Tobacco Taskforce; and the Underage Drinking Taskforce.

She went on to say that marijuana affects many different areas of the community: youth health, safety and educational achievement; public safety; business; and community health status.

Youth

Many young people do not believe that marijuana use is harmful or that it is addictive.

- SAFE conducts a survey of Chesterfield County youth every two years; in 2012, survey results indicated that more youth were using marijuana than cigarettes, and that marijuana was easier to get than cigarettes.
- Ms. Whitsett presented information about the impact of the change in laws concerning marijuana on youth in Colorado:
    - A new study shows that in 2012 the national average per youth was 7.55% for marijuana use, but for Colorado the average youth use was 10.47%. Colorado was ranked fourth in the nation for current marijuana use, which is 39% higher than the national average.
    - Data indicate that school suspensions and expulsions have increased during the period of time that marijuana has been more available in Colorado.
    - In Denver, 74% of youth under age 18 who are receiving substance abuse treatment report receiving marijuana from someone who possessed a medical marijuana card, and that buying marijuana through dispensaries is actually less expensive that purchasing it from a street dealer.
    - More youth use marijuana in medical marijuana states.
    - A survey of youth conducted by the Partnership for Drug Free America indicates that youth report that "if marijuana were legal" they would be more likely to use it.
    - A recently published long-term study that followed individuals from adolescents into adulthood (38 years of age) indicated a reduction in IQ of 8 points for individuals who started using marijuana in adolescents and continued using it into adulthood. This decline in IQ affected learning, school success and increased dropout rates.
    - The supply of edible marijuana products increases when marijuana is "medicalized" or legalized; this makes marijuana more accessible and appealing to children, and the potency of the marijuana in edible form is difficult for the consumer to assess, making it more hazardous. Also, the packaging on these edible products is very appealing to children.
    - The Rocky Mountain HIDTA (High Intensity Drug Trafficking Areas*) Report for 2013 compared emergency room admissions for youth between 2006 and 2012:
        - 200% increase for children 5 years or younger;
        - 60% increase for children between 6-12 years old;
        - 92% increase for 13-14 year olds.

        - Among college age young adults (18-25) in 2012, the Colorado average is 26.81% compared to the national average of 18.89% (NSDUH, cited in "The Legalization of Marijuana in Colorado: The Impact" Vol.2/Aug. 2014).
        - Adult marijuana use: the average reported past month use, ages 26+ in 2012 showed that the national average is 5.05% and that the Colorado average is $7.63%.(NSDUH, cited in "The Legalization of Marijuana in Colorado: The Impact" Vol.2/Aug. 2014).
    - Colorado highway safety data indicate that, although overall traffic fatalities declined by 16% from 2006-2011, fatalities with drivers testing positive for cannabis increased by 114%.

    - In Washington State, which just legalized marijuana, their impaired driving trend has gone up 50.8% since the legalization of recreational marijuana in 2012.
    - Marijuana use also impacts business; employees who use drugs are:
        - 10 times more likely to miss work;
        - 3.6 times more likely to be involved in on-the-job incidents
        - 5 times more likely to file a worker's compensation claim.
        -
    - Since regular users can't pass drug tests, they are less employable; in addition, medicalization of marijuana may make it possible for employees to sue if they are dismissed for positive drug test involving marijuana if it is prescribed.

Ms. Whitsett expressed the opinion that the major promoters of medicalizing marijuana actually have a larger agenda of legalizing marijuana in mind, and she expressed her dissatisfaction with inaction on the part of the federal government on this issue. She also stated that tobacco companies are looking to the legal marijuana market to compensate for lost tobacco sales that have resulted from prolonged public health initiatives that have reduced tobacco use. She also indicated that some states have legalized marijuana on the premise that taxes on sales will generate considerable revenues; however, this has not materialized for Washington or Colorado. She expressed frustration with how the media have portrayed the issue as being mostly positive for medicalizing or legalizing marijuana use.

Ms. Whittsett stated that SAFE is sharing this educational information because they have grave concerns about the issue and she outlined SAFE's educational strategies:

- Continue to analyze the issue;
- Inform youth and parents about what they need to know;
- Raise media awareness;
- Inform state stakeholders and legislators;
- Obtain viewpoints from leaders;
- Determine the Attorney General's position;
- Encourage people to wait and watch what is happening in states with legalized marijuana.

Discussion: Panel and Council Members

- Senator Barker suggested that any position the Council takes on this issue be based upon studies that include hard evidence.
- Delegate Taylor requested that a group that is "pro" on this issue be invited to make a presentation to the Council to provide the Council with balanced information.
- Mr. Williams suggested that the Council have a follow-up discussion on this issue to allow members to review all the information presented, both pro and con, to aid Council in crafting its statement and in deciding how to proceed in its report.
- Senator Barker made a motion that the Council proceed with developing its report as a summary of what transpired during the year and that, following the September 24th meeting, Council should develop a letter to the Governor and the General Assembly containing its recommendations on this issue. The motion was seconded by Delegate Taylor. The motion carried.
- It was decided that the next Council meeting will continue to focus on this issue and that one or more proponents of medical marijuana be invited to present at the September 24th meeting.

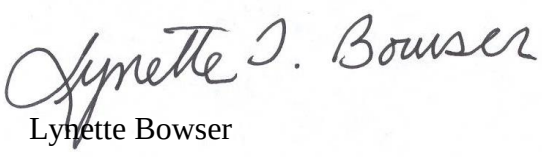
V. PUBLIC COMMENT:

DeJohn Taylor, an intern working with SAFE, stated that he was aware that Council has to consider both sides of this issue, but he felt that legalizing marijuana for medicinal purposes will send a message to youth that it is okay to use it. When Council looks at this issue, it should address marijuana from all points of view and take into consideration how youth will respond to it. Youth will be most affected in the long run. DeJohn Taylor stated that he believes that the benefits of medical marijuana are greatly outweighed by the negative consequences, especially to youth.

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 12:54 p.m.

Respectfully submitted,



Lynette Bowser